

**CONFIRMATION YEAR 1  
REGISTRATION FORM  
GRADE 9  
2017 – 2018  
SUNDAYS, 6:00 – 7:15 P.M.**

CHECK ONE:

YES, our adolescent wishes the Sacrament of Confirmation at this time.

NO, our adolescent does not wish the sacrament of Confirmation at this time.

NAME OF ADOLESCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

STUDENT PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

HOME CHURCH \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BAPTISM \_\_\_\_\_ YEAR OF BAPTISM \_\_\_\_\_

NAME OF HIGH SCHOOL NOW ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

WORK PHONE \_\_\_\_\_

MOTHER'S FIRST NAME AND MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? Yes \_\_\_ or No \_\_\_

WORK PHONE \_\_\_\_\_

HOUSEHOLD EMAIL ADDRESS \_\_\_\_\_

CHECK ONE:

Yes, I am willing to assist with Grade 9 on Sunday evenings as a small group facilitator.

No, I will not be available to assist the Grade 9 classes.

**PLEASE CHECK ONE BELOW**

<p>REGISTRATION FEE \$40.00 (FOR YEAR 1) (covers student textbook, retreat fee, postage, handouts, photo prints etc..)</p> <p><input type="checkbox"/> My payment for \$40.00 is enclosed with registration form</p> <p><input type="checkbox"/> My payment is not enclosed – please send me a reminder notice to pay.</p>
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DROP OFF COMPLETED REGISTRATION FORM AND FEE TO THE CATHOLIC MINISTRY CENTER, DROP IN COLLECTION PLATE OR MAIL TO:

FAITH FORMATION OFFICE  
824 Jefferson Street  
Tell City, IN 47586

**PLEASE UPDATE CENSUS INFORMATION ON OTHER SIDE – ONLY IF THERE ARE CHANGES SINCE THE  
LAST PROGRAM YEAR – THANK YOU**

**(CENSUS UPDATE)**

**DATE:** \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**Contribution Envelope Number:** \_\_\_\_\_

**INDIVIDUAL INFORMATION**

<b>Your Name:</b>		<b>Spouse:</b>
Birthday		Birthday
Baptized Catholic? Yes ___ No ___		Baptized Catholic? Yes ___ No ___
If Married, Anniversary Date		
<b>Optional:</b>		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

**CHILDREN IN HOUSEHOLD:**

<b>Name of Child</b>	<b>Birthday</b>	<b>Baptism Date and Place</b>	<b>First Communion Date and Place</b>	<b>Confirmation Date and Place</b>